



FOR OFFICE USE ONLY

P&Z CASE NO.: _____

DATE SUBMITTED: _____

MASTER PLAN APPLICATION

The following items must be submitted by an established filing deadline date for P & Z Commission consideration.

MINIMUM SUBMITTAL REQUIREMENTS:

- _____ Filing Fee of \$400.00.
- _____ Application completed in full.
- _____ Thirteen (13) folded copies of plan. (A revised mylar original must be submitted after staff review.)
- _____ A copy of the attached checklist with all items checked off or a brief explanation as to why they are not.
- _____ Rezoning Application if zone change is proposed.

Date of Required Preapplication Conference: _____

NAME OF SUBDIVISION _____

SPECIFIED LOCATION OF PROPOSED SUBDIVISION _____

APPLICANT/PROJECT MANAGER'S INFORMATION (Primary Contact for the Project):

Name _____

Street Address _____

City _____ State _____ Zip Code _____

E-Mail Address _____

Phone Number _____ Fax Number _____

PROPERTY OWNER'S INFORMATION:

Name _____

Street Address _____

City _____ State _____ Zip Code _____

E-Mail Address _____

Phone Number _____ Fax Number _____

ARCHITECT OR ENGINEER'S INFORMATION:

Name _____

Street Address _____

City _____ State _____ Zip Code _____

E-Mail Address _____

Phone Number _____ Fax Number _____

TOTAL ACREAGE OF SUBDIVISION: _____

TOTAL ACREAGE BY ZONING DISTRICT:

_____/_____/_____/_____/_____/_____

TOTAL FLOODPLAIN ACREAGE: _____

WILL PARKLAND DEDICATION BE MET BY *ACREAGE* OR *FEE* ? (CIRCLE ONE)

(if acreage, please show approximate size and location on plan)

REQUESTED VARIANCES TO SUBDIVISION REGULATIONS & REASON FOR

SAME _____

REQUESTED OVERSIZE PARTICIPATION _____

The applicant has prepared this application and certifies that the facts stated herein and exhibits attached hereto are true and correct. The undersigned hereby requests approval by the City of College Station of the above identified plan.

Signature and Title

Date